

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 2	
1. CONTRACT PURCH ORDER/AGREEMENT NO. W56HZV-07-P-0819			2. DELIVERY ORDER/CALL NO.		3. DATE OF ORDER/CALL (YYYYMMDD) 2007MAY02		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5. PRIORITY DOA4		
6. ISSUED BY U.S. ARMY TACOM LCMC AMSTA-LC-AL-P SUE STONER (586)574-7322 WARREN, MICHIGAN 48397-5000 HTTP://CONTRACTING.TACOM.ARMY.MIL EMAIL: STONERS@TACOM.ARMY.MIL			CODE W56HZV	7. ADMINISTERED BY (If other than 6) DCMA ORLANDO 3555 MAGUIRE BLVD ORLANDO, FL 32803-3726  SCD: C PAS: NONE ADP PT: HQ0338				CODE S1002A	8. DELIVERY FOB  <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)		
9. CONTRACTOR  • DRS OPTRONICS, INC. 2330 COMMERCE PARK DR., N.E. NAME AND ADDRESS PALM BAY, FL 32905-7721  •  • TYPE BUSINESS: Large Business Performing in U.S.			CODE 32865	FACILITY	10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)  SEE SCHEDULE			11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED			
12. DISCOUNT TERMS			13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15			14. SHIP TO SEE SCHEDULE			15. PAYMENT WILL BE MADE BY DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P.O. BOX 182264 COLUMBUS, OH 43218-2264		
16. TYPE OF ORDER DELIVERY/CALL PURCHASE X			THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.  Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____. furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.								
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:         </div>											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  SEE SCHEDULE											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT	
		SEE SCHEDULE CONTRACT TYPE: No Cost  KIND OF CONTRACT: Other									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA MARCIA A. CZAR /SIGNED/ CZARM@TACOM.ARMY.MIL (586)574-8361 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL \$0.00		
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____											
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP. NO.  <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. D.O. VOUCHER NO.		30. INITIALS		
f. TELEPHONE NUMBER			g. E-MAIL ADDRESS		31. PAYMENT  <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.									34. CHECK NUMBER		
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.		
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN W56HZV-07-P-0819 MOD/AMD	Page 2 of 2
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Name of Offeror or Contractor: DRS OPTRONICS, INC.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	SUPPLIES OR SERVICES AND PRICES/COSTS  SECURITY CLASS: Unclassified				
0001AA	<p>AN/VAS-5 NIGHT VISION ENHANCERS CV B-KITS</p> <p>NOUN: DRS Part Number: 6455110</p> <p>The Contractor agrees to a no-cost loan of the 6 DVEs under CLIN 0001AA from 10 May 2007 until 31 December 2007. The length of the loan may be extended by written mutual agreement of the parties.</p> <p>Ship To: DODAAC: M20470 Commanding Officer (attn: SupO) 3rd Light Armored Reconnaissance Battalion Bldg 1302 29 Palms CA, 92278-8272 (C/O: CWO3 Parks 760-830-5202)</p> <p>The Government will return the DVEs to the Contractor within 2 weeks after expiration of the loan. The Government will exercise reasonable care of the equipment, but the Contractor acknowledges the equipment will be returned in an AS IS CONDITION.</p> <p>The Government will not disclose any information regarding the equipment or testing results without prior written approval of the Contractor.</p> <p>The Contractor is responsible for all shipping costs both to the Government and return.</p> <p>(End of narrative B001)</p> <p><u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination</p>	6	EA	\$ ** NSP **	\$ ** NSP **